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Certificate of Facsimile Transmission

I hereby certify that the attached RCE Transmittal with accompanying Amendment directed to Examiner Kimberly D. Flynn is being transmitted via facsimile to the U.S. Patent and Trademark Office at (703) 872-9306 on June 10, 2005.

Janet Sullivan
Janet Sullivan

PATENT APPLICATION
Do. No. 5038-041
Intel Ref. P8739

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re application of: Mark T. Gross

Confirmation No.: 8973

Serial No. 09/650,950 Examiner: Kimberly D. Flynn

Filed: August 29, 2000 Group Art Unit: 2153

For: CONFIGURATION OF NETWORK APPLIANCES VIA E-MAIL

Date: June 10, 2005

Mail Stop RCE
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

REQUEST FOR CONTINUED EXAMINATION (RCE) TRANSMITTAL

This is a Request for Continued Examination (RCE) under 37 C.F.R. § 1.114 of the above-identified application.

1. Submission required under 37 C.F.R. § 1.114

- a. Previously submitted:
- Consider the amendment(s) reply under 37 C.F.R. § 1.116 previously filed on _____.
- Consider the arguments in the Appeal Brief or Reply Brief previously filed on _____.
- Other:
- b. Enclosed is
 - Amendment/Reply
 - Affidavit(s)/Declaration(s)
 - Information Disclosure Statement (IDS)
 - Other

06/10/2005 TL0111 00000054 09650950

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2. Miscellaneous

Suspension of action on the above-identified application is requested under 37 C.F.R. § 1.103(c) for a period of _____ months. (Period of suspension shall not exceed 3 months; fee under 37 C.F.R. § 1.17(i) required).

Other:

3. Fees: (Note: The RCE fee under 37 C.F.R. §1.17(e) is required by 37 C.F.R. §1.114 when the RCE is filed)

RCE fee required under 37 C.F.R. § 1.17(e)

\$395 small entity

\$790 large entity

(Large entity)

CLAIMS AS AMENDED

For:	Number After Amendment	Previous Number	Extra	Rate	Additional Fee
Total Claims	16-20	11*		x \$50 =	\$
Independent Claims	4-3	3**	1	x \$200 =	\$ 200
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT					\$ 200

Extension of time fee (37 C.F.R. §§1.136 and 1.17)

small entity	large entity	
<input type="checkbox"/> Extension of Time - 1 st	<input type="checkbox"/> \$55	<input type="checkbox"/> \$110
<input type="checkbox"/> Extension of Time - 2 nd	<input type="checkbox"/> \$215	<input type="checkbox"/> \$430
<input type="checkbox"/> Extension of Time - 3 rd	<input type="checkbox"/> \$490	<input type="checkbox"/> \$980

Suspension of application fee (37 C.F.R. § 1.17(i))-\$130

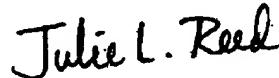
PTO Form 2038 authorizing credit card payment is attached.

Any deficiency or overpayment should be charged or credited to deposit account number 13-1703.

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Respectfully submitted,

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